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ADDRESS IN MEDICINE

DELIVERED BEFORE THE

MEDICAL SOCIETY OF THE STATE OF
PENNSYLVANIA,

BY

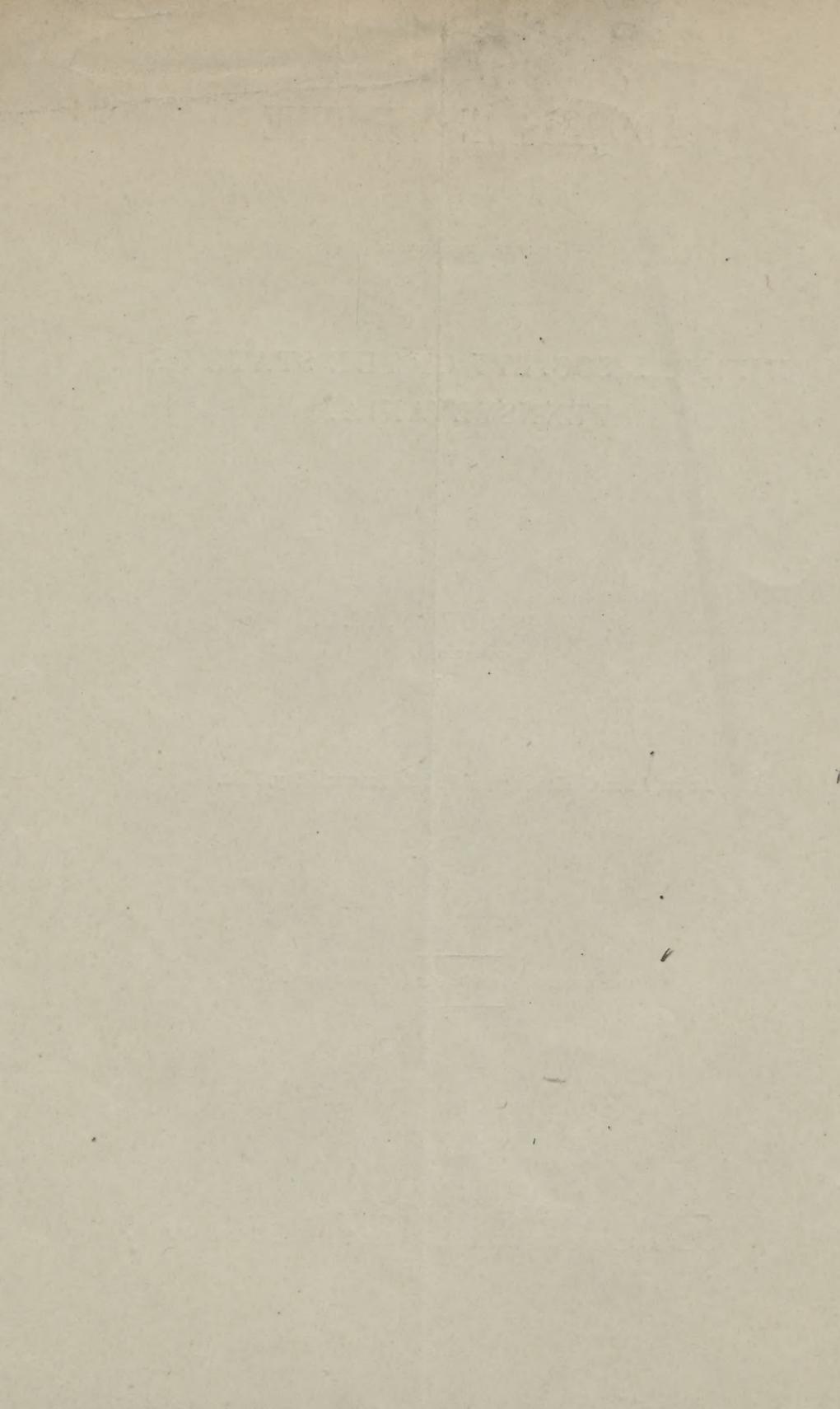
J. SOLIS COHEN, M.D.,
PHILADELPHIA.

At its Annual Meeting held at Lancaster, May, 1881.



REPRINTED FROM ITS TRANSACTIONS.

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IN preparing this address on medicine, which I have the honor to read before you, I have watched, during the past year, the action of some little known or little used remedies, which have been recently brought into somewhat prominent notice, and the practical value of which is of some importance to medicine, should the claims advanced in their behalf prove to be well founded.

Perhaps there is no one remedial agent to which recourse is had more frequently or more confidently than to opium. Many substitutes have, from time to time, been suggested, but none of them have proved reliable. The well-recognized injurious effects of the preparations of opium, in impairing the appetite and digestion, and in inducing constipation—not to speak of other deleterious influences which do not come within the scope of the remarks about to follow—have long disposed practitioners to welcome the introduction of any drug promising a satisfactory hypnotic and analgesic action, without the unpleasant, and sometimes dangerous, accompaniments, that have been alluded to.

Even the separation of certain components from the crude drug has failed to eliminate the undesirable influences and retain the needed ones. No one preparation of the constituents of opium represents the combined value of the entire drug. Substitutes for opium are usually introduced to take its place in the production of some particular effect, rather than of all.

The most recent candidate for professional recognition in this connection, is *Piscidia erythrina*—the Jamaica dogwood—whose claims are sufficiently interesting to have induced me to test its value in the few suitable cases which presented themselves in my hospital practice, both at the Jefferson Medical College Hospital, and the German Hospital of Philadelphia. It is claimed for this drug that it is capable of soothing pain, without unpleasant sequelæ, such as follow the use of opium. It is said to have been used for a long

period, in the rivers of Florida, for the purpose of catching fish, stunning the strong ones and killing the feeble. That the drug possesses considerable power in subduing pain, I have had sufficient evidence, but its liability to produce sudden collapse from relaxation of the heart muscle renders it anything but a safe remedy in continuous doses in private practice. Notes of a few cases prepared for me by the residents on duty are herewith appended.

While exhibiting a remarkable hypnotic effect of the drug when given in decided doses at short intervals, they exemplify a pernicious influence carefully kept in the background or ignored altogether by most of its advocates.

CASE I.—(German Hospital.) Nov. 8, 1880. A single woman aged 20, suffered excruciating pain from neuralgia of the left ovary. Her screams were so violent, that she had to be removed from the ward, and placed in a private apartment. One-fourth grain doses of sulphate of morphia by the mouth failed to control the pain at all, and its hypodermic use in the same dose simply modified the pain in a moderate degree. The fluid extract of the bark of the root of the Jamaica dogwood was now administered in drachm doses at intervals of twenty minutes. During the interval between the third and fourth doses the pain subsided entirely, the relief continuing from six to twenty-four hours.

The only unpleasant effect from the drug was a gentle perspiration. Within three weeks the patient left the house apparently permanently relieved of her neuralgia.

CASE II.—Nov. 9, 1880. A married woman, aged 33, had an abscess in the left popliteal space, due to contusion of the parts by the wheels of a railroad car. The pain was intense. She received drachm doses of *Piscidia erythrina* in the afternoon at 3.35 and 3.55. At 4.05 she took half an ounce of whiskey in water; at 4.15, piscidia. At 4.20 she vomited, and at 4.25 another dose of piscidia was administered. At 4.30 she began to perspire, and the pain lessened; at 4.55 she perspired profusely, and by 5.20 the pain had entirely left her. She then fell asleep and slept all night. Two days later, Nov. 11th, the pain returned, and piscidia was given in drachm doses every half hour until four doses were taken. Perspiration did not appear, but the severity of the pain increased, while the drug was administered; and finally the patient's complaints became so alarmingly great, that a hypodermic injection of one-third grain of morphia was given, and in fifteen minutes after the injection of morphia the patient was asleep. No unpleasant symptoms followed the administration of the two drugs. The pain did not return.

CASE III.—Dec. 17, 1880. A single man, aged 42, suffered from cancer of the stomach, with nausea (although he did not vomit), and severe pain in the gastric region and the back. Piscidia was given in drachm doses every half hour. After the third dose he began to perspire freely, and in a few minutes, vomited. At the expiration of the half hour, a fourth dose was taken, followed by complete relief from pain, free perspiration and vomiting. Diarrhoea also set in, which could only be attributed to the medicine. Two hours after the last dose had been taken, the patient fell into a sleep which lasted about half an hour. He awoke with pain, which soon increased. The drug was again administered in drachm doses, but his stomach rejected it almost immediately. The pain continued to increase, and the piscidia was discarded for hypodermic injection of morphia, after which, the patient soon slept.

CASE IV.—(Jefferson Medical College Hospital.) Nov. 1880. A paraplegic man had excruciating pain in the lower extremities. One-drachm doses of the fluid extract of piscidia were given at intervals of an hour, until four doses had been taken. The first three doses seemed ineffectual; but after the fourth dose was taken, the pulse became very rapid and feeble, respiration labored, and the skin cold and clammy, and the patient lay in a stupor for about two hours.

CASE V.—Aneurism of the aorta in a male, with pains severe enough to prevent sleep. This patient took a drachm of the fluid extract at 9, 10, and 10.40 P. M., without any relief to the pain or any disposition to sleep; the only evidence of the drug being a profuse perspiration.

My friend, Dr. M. S. French, has used this preparation a number of times, and reports it to me as a good hypnotic, producing quiet sleep and effectually overcoming nervousness; but he finds it capable of producing alarming and even dangerous symptoms. The cardiac depression, in one of his cases, was very marked; even single drachm doses producing blanching of the face, lowering of the temperature, and clammy sweat. In opposition to the opinion promulgated by the recommenders of piscidia, Dr. French believes that it is a mistake to think that the remedy does not lock up the secretions; for he has even found it to produce constipation.

With the use of this drug in acute mania, I have had no experience, but it is said to be admirably adapted to control paroxysmal excitement. It is quite possible that a simultaneous administration of digitalis with the dogwood, might prevent the failure of the heart-muscle, and thus avoid the collapse which so often attends the continuous administration of this drug. Some combination

capable of restraining this influence is much to be desired, and seems requisite in order that the good effects of the drug may be obtained without danger of unpleasant complications.

These points seem to me to be well worthy the consideration of the Society.

I have had an opportunity of trying the virtues of *citrate of cafffein* as a diuretic, in some cases of asthma and general ascites. It has seemed to me to be an admirable remedy, and I have not noticed the peculiar rigidity of the cardiac muscle to which attention has been called by British practitioners, as the result of its use.

CASE VI.—Oct. 6, 1880. A married man, aged 53, was admitted into the German Hospital with complete hemiplegia of the right side. While recovering from this paralysis, extensive œdema occurred in both extremities, due to chronic nephritis, and in spite of the use of the ordinary diuretics, the œdema steadily increased. Citrate of cafffein was now given in three-grain doses every four hours. After the fourth dose had been taken, the patient began to urinate very freely, and passed an enormous quantity of water during the night, relieving his œdema without affecting him unpleasantly in the least.

CASE VII.—Oct. 16, 1880. A single man, aged 32, was in the German Hospital in an advanced stage of phthisis. His legs were very œdematos. Citrate of cafffein was administered in three-grain doses at intervals of four hours, with the result of exciting copious discharge of urine, with considerable subsidence of the local œdema, and without any apparent unpleasant effect.

CASE VIII.—Nov. 3, 1880. A widow, aged 47, was in the hospital with mitral regurgitation. Her limbs were very œdematos, and there was considerable and painful ascites. Three grains of the citrate of cafffein were given every four hours, without producing any apparent effect whatever.

The successful use of *salicylic acid* in acute rheumatism has led to considerable experimentation with its salts. Salicylate of cinchonidia has been found an admirable drug in the treatment of those vague, rheumatoid neuralgias, about which we are so frequently consulted. It is best administered in pill, the dose being two to five grains, three or four times a day. It has been used extensively in the Throat Room of the Jefferson Medical College Hospital, as a tonic in rheumatic sore-throats, and in diseases of the nasal passages generally, in that class of cases frequenting a public clinic, and apt to be due to exposures similar to those which produce the neuralgic

affections referred to. I have also used it with considerable success and great satisfaction in several hospital cases of acute rheumatism, substituted for the salicylic acid as soon as the latter has relieved the pain. The plan has been, to give the salicylate of cinchonidia in five-grain doses at intervals of four hours, and to continue it, the patient remaining recumbent in bed, until all danger of cardiac complication was over.

A salicylate of calcium has been recommended in serous diarrhoeas in which it is likely that exposure has affected the mucous membranes of the intestines in the same manner as it did those of the throat in cases treated at Jefferson College Hospital.

Both in the German Hospital and the Jefferson Medical College Hospital, as well as in my private practice, I have treated a number of cases of phthisis and infantile scrofula, with the *chloride of calcium*, and can endorse the encomiums which this medicine has been receiving of late years from British medical practitioners. As is well known, this practice is but the return to the use of a drug formerly employed as an alterant in the treatment of scrofula, before it became superseded by the use of iodine and its compounds.

Any remedial agent, which on scientific grounds or extensive empiric experience promises success in the management of diphtheria, is worthy our respectful consideration.

It has been noticed that the false membrane of diphtheria is sometimes detached by excessive secretion from the underlying mucous membrane, and sometimes by a process of actual suppuration. The incontestable value of inspirations of the vapor of hot water, in lifting the pseudo-membranes from their seat, and thus facilitating their extrusion by cough, has been accounted for in two manners—both of them resulting in practically the same mechanical effect. My own opinion has long been that the vapor of water becomes insinuated beneath the irregular, and perhaps partially detached edges of the membranous patch, and thus detaches it mechanically.

Prof. Oertel believes that the inhalation of the vapor of warm water produces a suppurative inflammation of the mucous membrane, and that the pus detaches the false membrane from the surface. We thus see, that in both nature and art, one of these two processes is employed, in the physical detachment of the morbid product. Water, serum, or mucus is the agent in one instance, pus in the other.

The well-acknowledged property of *jaborandi*, in stimulating secretion from the surfaces of the mucous membranes, especially those of the mouth and throat, has led to the utilization of this drug, for the production of a similar mechanical influence beneath the pseudo-membrane, thus aiding in its detachment and expectoration.

Dr. George Guttman, of Cronstadt, has reported some admirable results from this method of treatment. He employed the alkaloid of *jaborandi*—pilocarpin; administering the muriate of pilocarpin in doses of from one-sixteenth to one-twelfth of a grain hourly for children—and four times this dose to adults. In the few cases reported, recovery took place in from two to four days. The pilocarpin was administered in addition to the general treatment usually adopted by the observer. Several other observers have testified to the good effects of pilocarpin in diphtheria, and the subject is well worthy the attention of the practising physician. It is well to remember, in this connection, however, that although Guttman never observed any undesirable effects from the drug, even when persisted in to the period of complete recovery, others express a different opinion. To mention a single instance only, a writer in the *Wiener Medical Presse* (No. 15, 1881) goes so far as to declare it, as the result of faithful trial, generally useless and often injurious. Guttman, however, administered a small quantity of good wine after each dose.

From careful consideration of the published results of the use of the drug, favorable and unfavorable, it would appear to me that it is being recommended on one-sided theoretic grounds only, the depressing influence upon the heart being kept out of sight; an influence which, on theoretic grounds likewise, has thus far deterred me from prescribing it in any of my own cases.

A subject of great importance to the medical practitioner is that of anti-periodic remedies. The threatened exhaustion of the cinchona tree, and the continuously high price of quinia and other alkaloids of the bark, premise a favorable reception for any cheaper, efficient substance. It has been lately claimed that *iodine* may be safely, satisfactorily, and economically substituted for quinia. It is asserted by Dr. Grinnel, that in doses of from ten to twelve drops of the tincture, properly diluted (one-half glass of sweetened water), every eight hours, "iodine will never rank second to quinia in the treatment of intermittent fevers."

The use of iodine in malarious affections seems to have originated with Russian physicians; and it was resorted to by Dr. Grinnel at a

period when his stock of quinia had become exhausted. His confidence in the remedy is the outcome of the successful treatment of 135 cases of intermittent fever, principally quotidian and tertian, many of them in children and infants. Similar success followed the substitution of iodine for quinia in several cases of diarrhoea and neuralgia of malarial origin. This result is sufficient to justify the practitioner in testing for himself the value of iodine as a substitute for quinia. From inquiries addressed to some of my professional friends since my arrival in Lancaster, it would seem that in some cases of malarial origin, iodine does possess a power of counteracting malaria similar to that possessed by quinia.

These, gentlemen, are the chief practical points suggested by a careful survey of current medical literature for the past year.

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